

Section 1. APPLICANT

## Water Resources Program Request for Determination of Water Budget Neutrality



☐ SURFACE WATER ☐ GROUND WATER
Please ensure that the form is completely filled out.
Incomplete forms will lead to longer processing times, and may be rejected.

Applicant/B	Business Name: Amerivest Development LLC	Phone No: 509-962-8558	Other No:
Address: c/c	o Mitch and Julie Williams, PO Box 1702		
City: Ellens	sburg	State: WA	Zip:98926
Email Addre	ress (optional):		
Contact Nar	me (if different from above): Jeff Slothower	Phone No: 509-925-6916	Other No:
Relationship	p to Applicant: Attorney for Aqua Mitigation LLC a	and Amerivest Developm	nent LLC
Address: PC	D Box 1088, 201 West 7 <sup>th</sup> Avenue		
City: Ellens	burg	State: WA	Zip: 98926
Email Addre	ress (optional): jslothower@lwhsd.com		
Section 2	2. STATEMENT OF INTENT		
Briefly desc	cribe the purpose of your proposed project: The		
Briefly desc	cribe the purpose of your proposed project: The e use for the project (one residential connection an	d 500 square feet of law	vn and garden on Lot F of
Briefly desc consumptive the Midfield	cribe the purpose of your proposed project: The e use for the project (one residential connection and Plat Division II as depicted on the survey many	d 500 square feet of law	A) with 0.154 a-f/yr of
Briefly desc consumptive the Midfield mitigation v	cribe the purpose of your proposed project: The e use for the project (one residential connection and Plat Division II as depicted on the survey may water acquired from Trust Water Right No. CS4-019	d 500 square feet of law aps attached as Exhibit 268sb11a. The proposed	A) with 0.154 a-f/yr of well for the new use is to
Briefly desc consumptive the Midfield mitigation v be located in Anticipated Is this for an	cribe the purpose of your proposed project: The e use for the project (one residential connection and Plat Division II as depicted on the survey many	d 500 square feet of law aps attached as Exhibit 268sb11a. The proposed	A) with 0.154 a-f/yr of well for the new use is to  Same lamment  On this apparatus
Briefly desc consumptive the Midfield mitigation v be located in Anticipated Is this for an If yes, when	cribe the purpose of your proposed project: The e use for the project (one residential connection and Plat Division II as depicted on the survey may water acquired from Trust Water Right No. CS4-019 in a "green" area as noted on the Amerivest Water B length of time to complete your project: 90 Days in existing use, established prior to July 16, 2009?	d 500 square feet of law aps attached as Exhibit 268sb11a. The proposed	A) with 0.154 a-f/yr of
Briefly desc consumptive the Midfield mitigation v be located in Anticipated Is this for an If yes, when	cribe the purpose of your proposed project: The e use for the project (one residential connection and Plat Division II as depicted on the survey may water acquired from Trust Water Right No. CS4-019 in a "green" area as noted on the Amerivest Water B length of time to complete your project: 90 Days in existing use, established prior to July 16, 2009? In was the water first regularly and beneficially used APPLICATION NO: 64-35610	d 500 square feet of law aps attached as Exhibit 968sb11a. The proposed ank suitability map.  Yes X No	A) with 0.154 a-f/yr of well for the new use is to  Same lamment  On this apparatus

Water Use: List all propolawn or commercial garden								domestic, group domestic,	
Purpose(s) of Use  Rate (check one box of Cubic Feet per Second   ☐ Gallons per Minute (G)				box only	only) Total Water Use (CFS) in Acre-Feet per		· Use*	Period of Use (Continuously or Seasonal)	
Indoor potable water for 1 home	e water for 1 home Up to 50 gpm					0.392	.+!\	Continuously	
Irrigation of 0.011 acres (500 ft <sup>2</sup>	)	Up to 50	gpm			0.118 (consump 0.040 0.036 (consump		April 1 through October 31	
TO	TAL:					0.432			
* Total water use is the total located at: http://www.ecy.wa						acre-foot = 32	5,851 ga	allons). For example calculations,	
Section 3. POINT Complete				R WI		DRAWAL			
A.) If Surface Water Source					B.) If Ground Water Source				
Spring Creek River Lake					Do you have an existing well? XYES NO				
Other:					Well(s) □ Other: □				
Source Name:									
Tributary to:								depth: 6-inch, 244 feet Well Report and pump test.	
Number of proposed diver	sion poi	ints:			Well	Tag ID No	APT57	9_	
Do you have an existing d		13.56			Num	ber of propos	sed poin	its of withdrawal: 1	
C.) Point of Diversion/	Withdr	awal -	Legal De	escripti	ion				
Parcel No.	1/4	1/4	Section	Town	ship	Range		County	
17-18-08000-0083	NE	SE	08	17	14	18		Kittitas	
Lot(s)		Block(	s)		Sı	ibdivision			
If available, GPS (Global	Position	ing Sys	tem) device	e locatio	n:				
Latitude:	N Lo	ongitude	e:		W				
Datum and units (for exam	iple NA	D83 and	d decimal d	legrees,	etc):		(req	uired for all GPS locations)	
If known, enter the distance	es in fe	et from	the point o	f diversi	ion o	r withdrawal	to the n	earest section corner:	
Feet ( North/	] South)	and	feet (	East		West)			
from the ( NW SW	]NE [	SE 🗌	) corn	ner of Se	ection	1			

NOTE: If more than one point of diversion/withdrawal, attach additional information on a separate sheet of paper. A map identifying the well location within the parcel is required for all existing wells proposed for use under this request (see below).

Attach a map of your project showing the point of diversion/withdrawal and place of use. If platted property, be sure to include a complete copy of the plat map. Please ensure that the well location and parcel number listed in Section 3 matches the well location on the site map and on the well log. If there are any differences please provide an explanation on a separate sheet of paper. Unclear well locations may cause delays in processing the request.

Section 4. WATER SYSTEM INFORM	ATION
Complete A or B, C, D, E and F belo	ow we will be a second of the
A.) Domestic Water Systems only	B.) Municipal Water Systems only (defined under RCW 90.03.015)
Projected number of connections to be served:1	Present population to be served water:
Type of connections: home (e.g., home, recreational cabin)	Estimate future population to be served:(20 year projection)
C.) Water System Planning	
Do you have a Water System Plan approved by the Wa Division? ⊠ YES ☐ NO	ashington State Department of Health, Drinking Water
If yes, date plan was approved 10/18/2010 Water Syst	em Number: TWS ID# AC409E; DOH # 10-0306
Name of water system: Midfield Water System	
Are you within the service area of an existing water sys	stem? XYES NO
If yes, explain why you are unable to connect to the	system: The lot for which a Determination of Water
Budget Neutrality is sought is part of the above-d	escribed water system but has not yet had a residence
constructed on the lot.	
D.) On-Site Septic	
Will there be an on-site septic system? ⊠ YES ☐ NO	)
If yes, please provide a copy of the property covenant the drain field.	that restricts or prohibits trees or shrubs over the septic
E.) Sanitary Sewer System	
Will domestic wastewater be discharged to a sanitary s	ewer system? YES NO
If yes, please provide a copy of the sewer utility agreer	nent that serves the proposed project.

	uested to be irrigated under this applicate of the irrigated on your attached map.		r 500 square feet 43,560 square feet)
Section 5. MITIGA	TION		
identify an existing trust w must:  • Contribute an equa Parker.	a of Water Budget Neutrality under Chavater right or pending application to place all or greater amount to Yakima River flute earlier than May 10, 1905.	ce a water right in tr	ust. The trust water right(s)
	sed for instream flow protection and mi	itigation of out-of-p	riority uses.
A) Existing Trust Water Please identify existing	Right g trust water right(s) for use as mitigation	on.	
Water Right No.	Rate (check one box only)  Cubic Feet per Second (CFS)  Gallons per Minute (GPM)	Acre-Feet per Year (AF/YR) (If known)	Priority Date
CS4-01968sb11a	Up to 50 gpm	0.392 0.118 (consumptive)	June 30, 1874
	TOTAL:	0.392	
B) Proposed Trust Water Please identify the pen	er Right Application ding application(s) to place a water right	nt(s) into trust for us	ee as mitigation.
Water Right No.	Rate (check one box only)  Cubic Feet per Second (CFS)  Gallons per Minute (GPM)	Acre-Feet per Year (AF/YR) (If known)	Priority Date
	TOTAL:		

F.) Irrigation

## C) Quantity of Trust Water Right(s) listed in Section 5 (A) and (B) Acquired for Mitigation

Please list the specific quantity in AFY of Trust Water Right(s) listed in Sections 5(A & B) that have been acquired to offset consumptive use associated with this proposed new use of groundwater: 0.392, 0.118 (consumptive) AFY for potable water for 1 home; and 0.040, 0.0036 (consumptive) AFY for Irrigation of 0.011 acres (500 square fee) of lawn and garden

Note: You may wish to refer to the online water use calculator for example consumptive use calculations: http://www.ecy.wa.gov/programs/wr/cro/wtrxchng.html
Additional information regarding consumptive use can be found in Chapter 173-539(A)-050(3) WAC.

## Section 6. PLACE OF USE

Attach a copy of the legal description of the property (on which the water will be used) taken from a real estate contract, property deed or title insurance policy, or copy it carefully in the space below.

Lot F, Midfield Plat Division II, in the County of Kittitas, State of Washington, as per plat thereof recorded in Book 12 of plats, page 10, records of said county.

1/4 1/4	Section	Twp.	Range	County	Parcel No.	
	SW	8	17 N	18 E	Kittitas	956866

## Section 7. REQUIRED SIGNATURES

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my request, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though employees of the Department of Ecology may have assisted me in the preparing this application, I am fully responsibility for the accuracy of the information provided.

Mitch Williams, Manager
Print Name Amerivest Development LC Signature
(Applicant or authorized representative)

Less Manager

Less Manager

Less Manager

Mitch Williams, Manager

Print Name Amerivest Development LLC

Signature

(Land Owner, if seeking to use the ground water exemption)

Submit this form to:

DEPARTMENT OF ECOLOGY WATER RESOURCES PROGRAM CENTRAL REGIONAL OFFICE 15 W. YAKIMA AVE, SUITE 200 YAKIMA, WA 98902-3452